

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:



Protocol Recovery Services, Inc.
509 Mercer Avenue
Panama City, FL 32401

SAC 05-886

2. Article Number
(Transfer from service label)

7004 0550 0001 1690 2866

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *Laura Lewis* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
Laura Lewis

C. Date of Delivery
7/28

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☒ Yes

102595-02-M-1540